

## PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

1. County of GilaDistrict of ClaypoolTown of Claypool

or

City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 114

County Registrar No. \_\_\_\_\_

Local Registrar No. \_\_\_\_\_

No. \_\_\_\_\_ (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Lola Luella Wood { If child is not yet named, make supplemental report, as directed.3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth Feb 8 - 1925 Month Day Year8. FATHER Full name Paul Amos Wood 14. MOTHER Full maiden name Ora Van Horn9. Residence (Usual place of abode) Claypool Arizona 15. Residence (Usual place of abode) Claypool Arizona If non-resident, give place and state.10. Color or race White 11. Age at last birthday 37 (Years) 16. Color or race White 17. Age at last birthday 31 (Years)12. Birthplace (city or place) St. Louisburg Ohio (State or country) 18. Birthplace (city or place) Glen Dale Arizona (State or country)13. Occupation Furniture Dealer Nature of Industry 19. Occupation Housewife Nature of Industry20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? Yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 5 a. m. on the date above stated (Born alive or stillborn.)\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Signature Charles E. Davis M.D. (Physician or midwife) Address Miami ArizonaGiven name added from a supplemental report \_\_\_\_\_ Filed April 5, 1925 Nelson S. Brantley Local Registrar

Month, day, year \_\_\_\_\_ Filed \_\_\_\_\_, 19 \_\_\_\_\_ County Registrar

Registrar

County Registrar

364-208-685

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.